South Dakota Health Care Solutions Coalition
Meeting Notes 1/11/2017

Coalition Attendees: Kim Malsam-Rysdon, Jerilyn Church, Senator Billie Sutton, Senator Deb Peters, Senator Troy Heinert, Terry Dosch, Dr. Mary Carpenter, Sara DeCoteau, Jennifer Stalley, Nick Kotzea, Debra Owen, Gil Johnson, Lynne Valenti, Brenda Tidball-Zeltinger, Mark East, Deb Fischer-Clemens, Mike Diedrich, Sonia Weston, Mark Quasney, Kyle Chase

Other Attendees: President Scott Weston, Rich Greenwald, Stephanie Leasure, Jackie Siers, Rep. Jean Hunhoff, Jason Simmons, Sarah Aker, Kelsey Smith

Welcome and Introductions

Kim Malsam-Rysdon opened the meeting and the Coalition members introduced themselves. Kim thanked the group for their effort and dedication working towards greater access to health care and health outcomes.

Adoption of Final Report and Status of Recommendations

Kim Malsam-Rysdon overviewed the work of the Coalition. This meeting was originally scheduled in anticipation that the Coalition would be meeting to discuss the Legislative session and the recommendation to expand Medicaid. The work of the Coalition resulted in a viable financial plan leveraging the policy change that could have funded the state costs of Medicaid expansion. Governor Daugaard believed the plan would work and was ready to recommend the plan to the legislature. Due to the change in federal administration and the knowledge that Medicaid expansion as established in the ACA will not be supported at the federal level going forward, Governor Daugaard could not recommend Medicaid expansion and Medicaid expansion is not an option in South Dakota. It will continue to be important that the Medicaid program can provide access to quality health care, especially as federal changes to the Medicaid program are implemented. The recommendations of the Coalition are still relevant to ensuring access to care and quality care.

Brenda Tidball-Zeltinger gave an update on the status of the recommendation for telehealth. Indian Health Services published an area-wide request for proposals (RFP) in May 2016. HHS released an award notification in September 2016 naming Avera as the awardee. The award prioritizes telehealth for support for IHS emergency departments and increasing capacity for specialty services. IHS gave a presentation at the January 5 Medicaid Tribal Consultation meeting. IHS is investing in hardware and software in IHS to support the effort and starting with targeted hospitals to build service delivery across the Great Plains area. IHS plans to implement eEmergency in March/April and follow with implementation of eConsult. DSS has met with IHS and Avera to discuss billing/payment logistics. Deb Fischer-Clemens echoed Brenda's statements and stated that Avera is working with IHS on implementation details. Sonia Weston relayed that the Pine Ridge IHS is acquiring telehealth and that tribes are

pleased that the Coalition was able to overcome obstacles with the IHS contracting process and that telehealth is going to be available throughout the Great Plains Area. Brenda indicated that DSS will share the IHS presentation from Tribal Consultation with the group and that DSS has made a few other changes in telehealth to align with Medicare and ensure the ability to maximize this opportunity in Medicaid.

Sen. Heinert asked if broadband capability was already present at the facilities. Deb Fischer-Clemens responded that Avera and IHS have reviewed each site to determine what is readily available and what is needed for implementation. Sen. Peters indicated she is now a member of the FCC Intergovernmental Communication Commission and that she is interested in ensuring funding to support this effort. Sen. Peters hopes to steer conversations into this area. Broadband capability needs to be a top priority to ensure support for telehealth delivery and implementation.

The coalition recommended adding Community Health Worker/Community Health Representative (CHW) services as a Medicaid State Plan service. CHWs are typically trusted members of the community that help connect individuals to care. Because there is a cost associated with adding a new service, the hope was to use savings from Medicaid expansion to fund this effort. DSS and DOH partnered to lead a group to look at developing an infrastructure for this going forward including a scope of work and training requirements. Lake Area Tech is moving forward with develop a credential in this area. There is still a challenge for funding. Sen. Heinert asked if CHWs are related to long term services and supports and that reorganization. CHWs may support individuals with disabilities but the focus for CHWs is usually targeted towards individuals with chronic conditions.

Sara DeCoteau asked if tribes would be reimbursed for CHW services if CHW services are part of the Health Homes program. Brenda Tidball-Zeltinger indicated that part of the work of the Coalition and DSS is to talk about ways tribes can seek reimbursement through 638 contracts with IHS or other relationships between IHS and tribes. President Weston asked if that was something tribes need to pursue and how tribes may implement this process. Jerilyn Church noted that as long as a tribe has a 638 program that they have the same authority as IHS to bill for services and there is an opportunity for tribes to bill third parties to the degree that tribes that have assumed health programs are either not billing or not billing to the optimum opportunity. Jerilyn noted that the Great Plains Tribal Chairman Health Board (GPTCHB) is advocating keeping the Indian Healthcare Improvement Act embedded in the ACA intact within federal reform discussion. There needs to be further collaboration between tribes and IHS to ensure that services are provided and the tribe is reimbursed for services.

Kim Malsam-Rysdon overviewed the recommendation to support prenatal care and health birth outcomes and ensuring that telehealth is utilized in support of the recommendation.

Many of the recommendation were focused on behavioral health and how to utilize existing infrastructure to increase capacity for behavioral health. DSS worked closely

with Great Plains Tribal Chairmen's Health Board to offer technical assistance to tribes. GPTCHB continues to compile the technical assistance related to establishing a community mental health center and meeting all requirements of the community mental health center model. This information continues to be shared with tribes and IHS. In addition, the GPTCHB hosted a Tribal Action Planning Summit through SAMHSA's Tribal Training and Technical Assistance Center and invited all Tribes to participate. GPTCHB applied for a SAMHSA grant to work with tribes and identify locations that will be a good fit for this model. GPTCHB has been pleased with IHS's support to the concept. The grant, if awarded, will focus on Sioux San and two tribal sites and hope to expand further.

The last two recommendations of the coalition were focused on utilizing Medicaid to expand providers to include Licensed Professional Counselors, Licensed Marriage and Family Therapy and add evidence-based services to help individuals and families. The funding for expansion to new providers was tied to Medicaid expansion although the state will continue to look at the opportunity to expand and adopt these services. The state is working to align FFT with Medicaid eligible services and leverage federal funding for that service. Sen. Heinert commented that the Juvenile Justice Reinvestment Initiative (JJRI) has a lot of data that supports FFT.

Kim Malsam-Rysdon thanked the group for their work and the commitment across stakeholders to work on these recommendations.

Potential Opportunities for Medicaid Reform

The new administration is focused on ACA repeal and replacement. Both the administration and congress are discussing fundamental changes to how Medicaid is funded at the federal level. The state hopes to leverage the work of the Coalition and utilize the Coalition as a group of stakeholders that can help make recommendations to the governor and South Dakota's congressional delegation as changes to Medicaid are contemplated.

Sonia Weston stated that the coalition has worked hard to come together to address issues affecting South Dakota and that the work needs to continue to preserve the 100% FMAP for services for American Indians in discussions regarding Medicaid reform.

The State also feels strongly that we do not want to lose ground on the progress we've made and want to leverage that going forward.

Rich Greenwald stated that the group needs to stay focused on the primary goal and make accountability for care at IHS a priority. Tribes are concerned about the quality of care at IHS and that IHS is not utilizing dollars effectively and fulfilling treaty obligations.

Lynne Valenti gave an update on the ACA repeal and replace effort. The new administration and congress are fast-tracking this legislation and new developments are

occurring daily. Sen. Heinert asked what ACA repeal means for South Dakota and the over 20,000 individuals who have coverage through the exchange. The potential opportunity is less restrictive regulations that may allow for increased flexibility for new plans. The President-elect and Congressional Republicans support some aspects of the ACA that are planned to continue such as provisions for children to remain on parental insurance until age 26 and limitations on pre-existing conditions. Nick Kotzea stated that a blanket repeal is not likely, and that there is likely not a situation where there is not a replacement of some type.

Discussions about Medicaid financing reform have focused on changing the current state-federal financing partnership to a block grant allocation or a per capita allocation. Block grants operate with a set federal funding allocation, creating a set pool of dollars to carry out the program. Block grants are generally associated with a state general fund responsibility such as a match requirement or maintenance of effort. Nationally, 13 of the largest block grants have been cut by 1/3 over the past decade. If the federal allocation is based on state historical expenditures that may prove challenging as South Dakota already runs a lean, conservative program today. Conceptually, block grants are thought to give states more flexibility to make local decisions. However, the state's experience has been that block grants still have many federal requirements. The per capita allotment would associate a dollar amount per eligible individual. The advantage to the per capita allotment is that it responds to changes in enrollment; block grants are fixed regardless of enrollment swings. The per capita allotment would be more easily able to respond to enrollment surges that typically accompany a recession.

Sonia Weston stated that the tribes have concerns with block grants as a funding mechanism, and would not be supportive of a block grant. A block grant goes against the trust responsibility the federal government has with tribes. Sonia also questioned how IHS reimbursement would work under a block grant.

IHS reimbursement is a detail the state is watching closely. Governor Daugaard has prioritized Medicaid reimbursement as his number one priority at the federal level. The Governor has outlined several priorities for our congressional delegation and others as Medicaid reform moves forward:

1. Now is the time to fix the reimbursement issue between Medicaid and IHS. This is a long-standing issue in Medicaid and South Dakota's number one priority. The state is advocating to change the federal law to ensure 100% Federal Financial Participation for American Indians regardless of where they get care.
2. If the law cannot be changed, the state wants to ensure that expenditures that are not 100% federal today are treated as a federal responsibility going forward in any future state allocation formulas for Medicaid.
3. If the law cannot be changed, the state wants to ensure that the current "received through" policy is easier to implement. Savings from the "received through" policy would free up state funds to re-invest in healthcare in SD.

Sen. Heinert commented that the Governor needs to stress that under a block grant, Medicaid will adopt the same problems that IHS has today. Sen. Heinert is concerned that there will not be enough funding for the state under a block grant, and that South Dakotans may not get necessary medical treatment. The Governor has articulated this concern to federal partners very clearly.

The Governor has also articulated his priorities if flexibility in the Medicaid program is increased:

1. Promoting work for individuals who use Medicaid. Historically, work and Medicaid could not be tied together under federal regulations, but the right policy could help individuals enter the workforce and access the resources and benefits of employment.
2. Incentivizing low-cost primary care services. There are federal limitations on copays and premiums in Medicaid that are challenging today. More flexibility could allow states to reduce or eliminate copays for primary care services and implement high copays for unnecessary ER use.
3. Value Based Purchasing. This concept involves payment structures that incentivize high quality, value based care over volume based fee-for-service payment structures. Historically, other states have relied on managed care organizations for payment structures that have not been part of South Dakota's state insurance options. However, South Dakota wants to explore opportunities in this area with stakeholders.
4. Ensure South Dakota receives a fair allocation under any Medicaid reform plan. South Dakota is a small state and already runs a lean, conservative program. Some efficiencies that may apply to larger states do not apply to South Dakota because of the way SD is structure. The state wants to look at this collectively and ways to manage this going forward.

Next Steps

Rich Greenwald states that it is important for the state to partner with tribes. South Dakota is unique with the number and diversity of tribes within our state.

Kim Malsam-Rysdon stated that the coalition has accomplished one set of objectives, but that the coalition is a valuable group to continue to meet and make recommendations to help the governor and our congressional delegation advocate for future priorities in the Medicaid program in South Dakota.

Given the future agenda of the Coalition, membership of the Coalition may change. . Current Coalition members need to affirmatively declare their intent to continue to participate in meetings and/or suggest other members to Kelsey Smith by January 18, 2017.

The next meeting of the coalition will be January 25, 2017 from 4-5 PM.